

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | ADD      |        | 11-21-01 |
| O.I.P.E. CLASSIFIER       |          |        | 11-30-01 |
| FORMALITY REVIEW          | Ch       | 1115   | 12-04-01 |
| RESPONSE FORMALITY REVIEW | M.D.     | 625    | 02-04-02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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551  
2/04/02